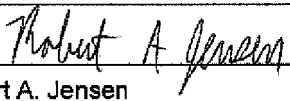


|   |  |                        |                        |
|---|--|------------------------|------------------------|
| <h1 style="text-align: center;">TRANSMITTAL<br/>FORM</h1> <p style="text-align: center;">(to be used for all correspondence after initial filing)</p> |  | Application Number     | 09/699,098-Conf. #7141 |
|   |  | Filing Date            | October 27, 2000       |
|   |  | First Named Inventor   | Frederick S.M. Herz    |
|   |  | Art Unit               | 2165                   |
|   |  | Examiner Name          | H. Mahmoudi            |
| Total Number of Pages in This Submission  |  | Attorney Docket Number | P0813.70016US02        |

## ENCLOSURES (Check all that apply)

|  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input checked="" type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Reference Cited |
| <div style="border: 1px solid black; padding: 5px;">Remarks</div>  |  |  |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|              |   |          |        |
|--------------|---|----------|--------|
| Firm Name    | WOLF, GREENFIELD & SACKS, P.C.  |          |        |
| Signature    |  |          |        |
| Printed name | Robert A. Jensen  |          |        |
| Date         | December 12, 2008   | Reg. No. | 61,146 |

## Certificate of Electronic Filing Under 37 CFR 1.8

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.8(a)(4).

Dated: December 12, 2008

Signature:  (Patricia L. Marchetti)

|  |  |                          |                        |
|--|--|--------------------------|------------------------|
| <b>Effective on 12/08/2004.</b><br><b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4816).</b><br><h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2009</h3> |  | <b>Complete if Known</b> |                        |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |  | Application Number       | 09/699,098-Conf. #7141 |
|  |  | Filing Date              | October 27, 2000       |
|  |  | First Named Inventor     | Frederick S.M. Herz    |
|  |  | Examiner Name            | H. Mahmoudi            |
|  |  | Art Unit                 | 2165                   |
| TOTAL AMOUNT OF PAYMENT  |  | (\$)                     | 180.00                 |
|  |  | Attorney Docket No.      | P0813.70016US02        |

#### METHOD OF PAYMENT (check all that apply)

☐ Check   
 ☒ Credit Card   
 ☐ Money Order   
 ☐ None   
 ☐ Other (please identify): \_\_\_\_\_

☐ Deposit Account   
 Deposit Account Number: 23/2825   
 Deposit Account Name: Wolf, Greenfield & Sacks, P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below   
 ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17   
 ☒ Credit any overpayments

#### FEE CALCULATION

##### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES |                                 | SEARCH FEES |                                 | EXAMINATION FEES |                                 | Fees Paid (\$) |
|------------------|-------------|---------------------------------|-------------|---------------------------------|------------------|---------------------------------|----------------|
|                  | Fee (\$)    | <u>Small Entity</u><br>Fee (\$) | Fee (\$)    | <u>Small Entity</u><br>Fee (\$) | Fee (\$)         | <u>Small Entity</u><br>Fee (\$) |                |
| Utility          | 330         | 165                             | 540         | 270                             | 220              | 110                             |                |
| Design           | 220         | 110                             | 100         | 50                              | 140              | 70                              |                |
| Plant            | 220         | 110                             | 330         | 165                             | 170              | 85                              |                |
| Reissue          | 330         | 165                             | 540         | 270                             | 650              | 325                             |                |
| Provisional      | 220         | 110                             | 0           | 0                               | 0                | 0                               |                |

##### 2. EXCESS CLAIM FEES

| Fee Description                                    | Fee (\$) | <u>Small Entity</u><br>Fee (\$) |
|--|----------|---------------------------------|
| Each claim over 20 (including Reissues)            | 52       | 26                              |
| Each independent claim over 3 (including Reissues) | 220      | 110                             |
| Multiple dependent claims                          | 390      | 195                             |

|  |  |                          |                               |   |
|--|--|--------------------------|-------------------------------|---|
| <b>Total Claims</b><br>- 20 or HP _____ x _____ = _____<br>HP = highest number of total claims paid for, if greater than 20. | <b>Extra Claims</b><br>_____ x _____ = _____<br>HP = highest number of independent claims paid for, if greater than 3. | <b>Fee (\$)</b><br>_____ | <b>Fee Paid (\$)</b><br>_____ | <b>Multiple Dependent Claims</b><br>Fee (\$): _____<br>Fee Paid (\$): _____ |
|--|--|--------------------------|-------------------------------|---|

##### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets        | Extra Sheets | Number of each additional 50 or fraction thereof                | Fee (\$) | Fee Paid (\$) |
|---------------------|--------------|---|----------|---------------|
| _____ - 100 = _____ | _____        | _____ / 50 = _____ (round up to a whole number) x _____ = _____ |          |               |

##### 4. OTHER FEE(S)

|   |        |
|---|--------|
| Non-English Specification, \$130 fee (no small entity discount)                             |        |
| Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement | 180.00 |

##### SUBMITTED BY

|                   |                         |                                   |                           |           |              |
|-------------------|-------------------------|-----------------------------------|---------------------------|-----------|--------------|
| Signature         | <i>Robert A. Jensen</i> | Registration No. (Attorney/Agent) | 61,146                    | Telephone | 617.646.8000 |
| Name (Print/Type) | Robert A. Jensen        | Date                              | December <u>12</u> , 2008 |           |              |

##### Certificate of Electronic Filing Under 37 CFR 1.8

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: December 12, 2008

Signature: *Patricia L. Marchetti* (Patricia L. Marchetti)